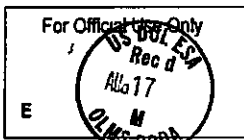


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8882	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Kenneth M Knoerr P O Box Bldg Room No if any Street 3311 Colony Dr City Mesquite State Texas ZIP Code + 4 75150-3546	4 Name file number and address of labor organization Name Allied Pilots Association Labor Organization File Number 059-849 P O Box Building and Room Number if any Street 14600 Trinity Boulevard Ste 500 City Fort Worth State Texas ZIP Code + 4 76155 2512
5 Position in labor organization Director of Benefits	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Kenneth Michael Knoerr

On

8/6/05

Date

(817) 302 2147

Telephone Number

Name of Person Filing Kenneth Knoerr

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Watson Wyatt Investment Consulting

Trade Name if any

P O Box Bldg Room No if any Suite 2100

Street 191 North Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60606-1615

10 If 9 b or 9 c is checked give trust or employer's name

Name Allied Pilots Association Welfare Benefits M

Trade Name if any APA Master Trust

P O Box Bldg Room No if any Suite 500

Street 14600 Trinity Blvd

City Fort Worth

State Texas ZIP Code + 4 76155-2512

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Provide Investment monitoring services for the Master Trust to ensure compliance with Investment Policy

11 b Approximate dollar value of such dealing

\$31 000

12 a Nature of interest held or income received

Business lunch on January 14 2004 in connection with meetings on January 14-15 2004

12 b Amount

\$38

Name of Person Filing Kenneth Knoerr

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name The Segal Company

Trade Name if any Segal

P O Box Bldg Room No if any suite 500

Street 101 North Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60606-1724

9 Business deals with

☒ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Allied Pilots Association Welfare Benefit

Trade Name if any APA MASTER TRUST

P O Box, Bldg Room No if any

Street 14600 Trinity Blvd, Ste 500

City Fort Worth

State TX ZIP Code + 4 76155-2512

11 a Nature of such dealing

Segal provides actuarial consulting services for the benefits plans sponsored by APA and funded through the APA Welfare Benefits Master Trust (\$190 866 48) the APA Life Insurance Plan (\$36 883 06) and to APA in negotiating benefits with AMR (\$158 400 50)

11 b Approximate dollar value of such dealing

\$386 150

12 a Nature of interest held or income received

Lunches and Dinners in connection with meetings on 1/14-15 5/12 6/8 8/26 and 12/16 (\$115 09 \$23 00 \$6 60 \$104 45 8' 88 and 91 86 resp) Christmas gift basket \$49 95

12 b Amount

\$474

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Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Barrow Hanley Mewhinney & Strauss Inc

Trade Name if any

P O Box Bldg Room No if any 15th Floor

Street 3232 McKinney Avenue

City Dallas

State Texas

ZIP Code + 4 75204-2429

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Invest Manager for assets of APA reserves (\$55 465)
and fixed income assets of the APA Welfare Benefits
Master Trust (\$44 697)

11 b Approximate dollar value of such dealing

\$100 192

12 a Nature of interest held or income received

Lunch in association with annual meeting on March
3 \$23 tickets (4 @ \$40/each) to local baseball
game tickets (2 @ \$35 each) to local golf
tournament

12 b Amount

\$253

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Metropolitan Life Insurance Company

Trade Name If any Metlife

P O Box Bldg Room No If any

Street 10 South LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60603

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name If any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Provide primary life and AD&D insurance for staff (\$4 935) and supplemental life Insurance coverage for APA staff and APA members (\$925 926)

11 b Approximate dollar value of such dealing

\$930 861

12 a Nature of interest held or income received

Lunch in connection with meetings on 1/9 3/20 and 5/26 (\$31 25 \$9 48 and \$29 77 resp) dinner with primary Client Executive (\$135)

12 b Amount

\$206

Name of Person Filing Kenneth Knoerr

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Part B Continuation Page

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Trade Name if any

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☐ b Trust

☐ c Employer

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Trade Name if any

P O Box Bldg Room No if any

Street

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11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

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Name of Person Filing Kenneth Knoerr

File Number U

Part B Continuation Page

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Trade Name If any

P O Box, Bldg Room No If any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

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Name of Person Filing Kenneth Knoerr

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Trade Name if any

P O Box Bldg Room No if any

Street

City

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Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

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☐ b Trust

☐ c Employer

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

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